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<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		Complete if Known	
FEE TRANSMITTAL For FY 2009		Application Number	10/618,913-Conf. #7967
		Filing Date	July 14, 2003
		First Named Inventor	Edward Faeldt
		Examiner Name	S. Zhou
		Art Unit	1631
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		TOTAL AMOUNT OF PAYMENT (\$ 1,580.00)	
		Attorney Docket No. 858062(308027)	

METHOD OF PAYMENT (check all that apply)					
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 04-1105 Deposit Account Name: Edwards Angell Palmer & Dodge LLP					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

FEE CALCULATION																	
1. BASIC FILING, SEARCH, AND EXAMINATION FEES																	
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES												
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)										
Utility	330	165	540	270	220	110	_____										
Design	220	110	100	50	140	70	_____										
Plant	220	110	330	165	170	85	_____										
Reissue	330	165	540	270	650	325	_____										
Provisional	220	110	0	0	0	0	_____										
2. EXCESS CLAIM FEES																	
Fee Description																	
Each claim over 20 (including Reissues) Fee (\$) 52 Small Entity Fee (\$) 26																	
Each independent claim over 3 (including Reissues) Fee (\$) 220 Small Entity Fee (\$) 110																	
Multiple dependent claims Fee (\$) 390 Small Entity Fee (\$) 195																	
<table border="0"> <tr> <td>Total Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Multiple Dependent Claims</td> </tr> <tr> <td>_____</td> <td>- 57 or HP</td> <td>_____</td> <td>_____</td> <td>Fee (\$) _____ Fee Paid (\$) _____</td> </tr> </table>								Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims	_____	- 57 or HP	_____	_____	Fee (\$) _____ Fee Paid (\$) _____
Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims													
_____	- 57 or HP	_____	_____	Fee (\$) _____ Fee Paid (\$) _____													
HP = highest number of total claims paid for, if greater than 20.																	
<table border="0"> <tr> <td>Indep. Claims</td> <td>Extra Claims</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> <td>Fee (\$) _____ Fee Paid (\$) _____</td> </tr> <tr> <td>_____</td> <td>- 3 or HP</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> </table>								Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) _____ Fee Paid (\$) _____	_____	- 3 or HP	_____	_____	_____
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$) _____ Fee Paid (\$) _____													
_____	- 3 or HP	_____	_____	_____													
HP = highest number of independent claims paid for, if greater than 3.																	
3. APPLICATION SIZE FEE																	
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).																	
<table border="0"> <tr> <td>Total Sheets</td> <td>Extra Sheets</td> <td>Number of each additional 50 or fraction thereof</td> <td>Fee (\$)</td> <td>Fee Paid (\$)</td> </tr> <tr> <td>_____</td> <td>- 100 = _____</td> <td>/50 = _____ (round up to a whole number) x _____</td> <td>= _____</td> <td>_____</td> </tr> </table>								Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)	_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____	_____
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)													
_____	- 100 = _____	/50 = _____ (round up to a whole number) x _____	= _____	_____													
4. OTHER FEE(S)																	
Non-English Specification, \$130 fee (no small entity discount)																	
Other (e.g., late filing surcharge): 2255 Extension for response within fifth month Fee (\$) 1,175.00																	
2801 Request for continued examination (RCE) (see 37 ... Fee (\$) 405.00)																	

SUBMITTED BY					
Signature	/Elizabeth Spar/		Registration No. (Attorney/Agent)	45,123	Telephone (617) 239-0575
Name (Print/Type)	Elizabeth Spar		Date		July 23, 2010